New Mexico

Title II | ADAP | Title III | AETC

State CARE Act Program Profile

CARE Act Funding History Since 1996

Total	\$1,342,194	\$1,719,549	\$2,265,621	\$5,327,364
Dental	\$0	\$0	\$0	\$0
AETC	\$78,429	\$58,428	\$78,527	\$215,384
SPNS	\$0	\$0	\$0	\$0
Title IV	\$0	\$0	\$0	\$0
Title III	\$381,124	\$477,553	\$499,778	\$1,358,455
ADAP	(\$128,701)	(\$377,593)	(\$748,122)	(\$1,254,416)
Title II (including ADAP)	\$882,641	\$1,183,568	\$1,687,316	\$3,753,525
Title I	\$0	\$0	\$0	\$0
Fiscal Year	1996	1997	1998	Total

Number of CARE Act-funded Grantees in State (in addition to Title II and ADAP grants)

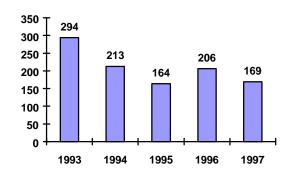
	1996	1997	1998
Title I	0	0	0
Title III	1	1	1
Title IV	0	0	0
SPNS	0	0	0
AETC (grantee or subcontractor)	1	1	1
Dental	0	0	0

Location of FY 1998 CARE Act Grantees and Title II Consortia



HIV/AIDS Epidemic in the State: New Mexico (Pop. 1,729,751)

- ▶ Persons reported to be living with AIDS through 1997: 659
- ▶ New AIDS Cases by Calendar Year, 1993-1997
- ► State reporting requirement for HIV: No HIV reporting
- ► State AIDS Cases (cumulative) since 1993: 1,046 (<1% of AIDS cases in the U.S.)



Demographics of AIDS Cases Reported in 1997

	State-Specific Data	National Data
Men (13 years and up):	93%	78%
Women (13 years and up):	7%	22%

	State-Specific Data	National Data
<13 years old :	0%	1%
13-19 years old :	0%	1%
20+ years old :	100%	98%

	State-Specific Data	National Data
White:	59%	33%
African American:	3%	45%
Hispanic:	30%	21%
Asian/Pacific Islander:	0%	<1%
Native American/Alaskan Native:	8%	<1%

	State-Specific Data	National Data
Men who have sex with men (MSM):	57%	35%
Injecting drug user (IDU):	15%	24%
Men who have sex with men and		_
inject drugs (MSM/IDU):	10%	4%
Heterosexual contact:	6%	13%
Other, unknown or not reported:	11%	24%

Co-morbidities

	State Cases per	U.S. Cases per
	100,000 Population	100,000 Population
Chlamydia (1996)	237.7	194.5
Gonorrhea (1996)	52.8	124.0
Syphilis (1996)	0.2	4.3
TB (1997)	4.1	7.4

Statewide Coordinated Statement of Need (SCSN)

To enhance collaboration in HIV needs assessment and planning activities among CARE Act grantees and to maximize CARE Act resources statewide, Title II grantees were required to develop, in collaboration with other CARE Act grantees, an SCSN by March 1998. SCSNs must include: a discussion of existing needs assessments; epidemiologic data; discussion of emerging issues in HIV care in the state; critical gaps in HIV medical and support services; and broad goals to address major service gaps.

▶ **Emerging Needs:** services for women, children, and Native Americans; dental services; and collaboration between services and prevention planning

State Medicaid Information

In 1998, Medicaid is estimated to have covered 55% of U.S. adults with AIDS and 90% of pediatric AIDS cases. Applying these percentages to the number of AIDS cases in the U.S., at least 108,000 individuals with AIDS were covered by Medicaid in 1998.

Medicaid Income Eligibility Requirements

Eligibility Category	Income
Adult Aged/Blind/Disabled*	75% FPL
Pregnant Women	185% FPL

^{*}Income eligibility for State's ADAP program is 300% FPL.

Medicaid Prescription Drug Benefits Limits

Co-payment:	No
Limit on Rx per month:	No
Refill limit:	No
Quantity Limit:	Yes

Waivers

1115

Section 1115 of the Social Security Act gives the Secretary of Health and Human Services broad authority to waive provisions in Title XIX, the Medicaid statute. Populations covered vary from waiver to waiver, as does the scope of coverage and the nature of the provider organization.

1115 waiver: No

1915(b)

Section 1915(b) of the Social Security Act authorizes the Secretary of Health and Human Services to waive compliance with certain portions of the Medicaid statute that prevent a state from mandating that Medicaid beneficiaries obtain their care from a single provider or health plans.

1915(b) waiver(s): Yes

Title II: New Mexico

Title II funds are provided to States and Territories to improve the quality, availability and organization of health care and support services for PLWH. From FY 1991 to FY 1998, more than \$1.9 billion in funding was appropriated for Title II programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Title II Formula Grant	\$882,641	\$1,183,568	\$1,687,316	\$3,753,525
ADAP (included in Title II grant)	(\$128,701)	(\$377,593)	(\$748,122)	(\$1,254,416)
Minimum Required State Match	\$0	\$0	\$0	\$0

Allocation of Funds

	1998
Health Care (State Administered)	\$1,130,224/67%
Home and Community Care	(\$182,102)
Health Insurance Continuation	(\$200,000)
ADAP/Treatments	(\$748,122)
Direct Services	(\$0)
Case Management (State Administered)	\$0/0%
Consortia	\$388,360/23%
Health Care*	(\$266,262)
ADAP/Treatment	(\$0)
Case Management	(\$90,443)
Support Services**	(\$31,655)
Administration, Planning and Evaluation (Total State/Consortia)	\$168,732/10%

^{*} includes: diagnostic testing, preventive care and screening, prescribing and managing medication therapy, continuing care and management of chronic conditions, and referral to specialty care.

^{**} includes: counseling, direct emergency financial assistance, companion/buddy services, day and respite care, housing assistance, and food services.

Consortia Activities, FY 1997

States provide services directly or through subcontracts with Title II HIV care consortia. A consortium is an association of public and nonprofit health care and support service providers and community-based organizations that plans, develops and delivers services for people living with HIV disease.

Number of consortia in State: 1

Consortium Name	Location	Service Area	Title II Funding, FY 1997
HIV Coordinating			
Council of New Mexico	Albuquerque	Statewide	\$108,605
Accomplishments			
Clients Served (duplicated cou	ınt), FY 1996:	4,980	
Men:		88%	=
Women:		12%	.
<13 years old:		0%	_
13-19 years old:		3%	
20+ years old:		96%	-
***		T0 0/	
White:		58%	<u>-</u>
African American:		4%	-
Hispanic: Asian/Pacific Islander:		34%	-
	10	0%	-
Native American/Alaskan Na		3% 1%	-
Other, unknown or not report	lea:	1%	-
Men who have sex with men ((MSM):	76%	
Injecting drug user (IDU):	· · · · · · · · · · · · · · · · · · ·	7%	=
Men who have sex with men a	and inject drugs		-
(MSM/IDU):	v	9%	
Heterosexual contact:		7%	=
Other, unknown or not report	ted:	1%	-

▶ Improved Patient Access

• The total aggregate number of clients accessing primary health care, treatment, and support services rose 19% from 1995 (4,170) to 1996 (4,980). The number of clients in health insurance continuation program rose from 90 in 1995 to 150 in 1996, a 67% increase.

- The ADAP formulary was expanded from 39 drugs in 1996 to 44 in 1998.
- The State Department of Health's Title II program contracted with the Navajo AIDS Network on the reservation to provide case-finding and referral services to Title II-funded health care, treatment, and support services.

Improved Patient Outcomes

• The grantee has intensified efforts to create a social support system through early intervention nurses, case managers, DOH representatives, DOH pharmacists, and physicians targeting clients who are on combination antiviral regimens to support adherence.

Cost Savings

• The ADAP participates in the Office of Drug Pricing's discount purchasing program for substantial savings.

Other Accomplishments

- The grantee developed Health Management Alliances for each of the four Public Health Districts of the State in 1997 to implement the State's plan for expanding access to high quality and cost-effective specialty HIV/AIDS care and treatment across the State.
- The grantee consults with an informal advisory body regarding ADAP eligibility and formulary decisions. The advisory body includes representatives of consumers, the State Central Pharmacy, field workers, Health Management Alliances, AIDS service organizations, and staff from the DOH Services units. Monthly meetings provide the opportunity to discuss the latest advances in HIV/AIDS-related treatment protocols, the appropriateness of the formulary, as well as budgetary and other programmatic issues.
- During the past year, the DOH, New Mexico Health Resources, and the McCune foundation
 have forged a public-private partnership focused on the changing field of HIV/AIDS health
 care. So far these agencies have collaborated on the financing of several special projects in this
 field, including a project serving women with HIV disease.

AIDS Drug Assistance Program (ADAP): New Mexico

ADAPs provide medications to low-income PLWH with limited or no coverage from private insurance or Medicaid. ADAP is just one of multiple sources of public and private funding for HIV treatment, the largest source being Medicaid.

Funding History

Fiscal Year	1996	1997	1998	Total
Title II Funds	\$261,701	\$607,789	\$816,139	\$1,685,629
State Funds	\$1,644,100	\$1,473,000	\$1,473,000	\$4,590,100
Total	\$1,905,801	\$2,080,789	\$2,289,139	\$6,275,729

Program

- ▶ Administrative Agency: Dept. of Health
- Formulary: 46 drugs, 4 protease inhibitors, 9 other antiretroviral drugs.
- Medical Eligibility
 - ► HIV Infected: Yes
 - ▶ CD4 Count: No
- ▶ Financial Eligibility
 - ► Asset Limit: Yes
 - ▶ Annual Income Cap: No
- Co-payment: No
- ▶ PLWH involvement in advisory capacity: The Bureau uses an informal advisory body, which meets monthly, to make recommendations on program eligibility and formulary changes. The advisory body includes consumers.
- ▶ Enrollment cap: No
- ▶ Waiting list as of 10/98: No
- ▶ Waiting list for protease inhibitors as of 10/98: No

Clients Served

Clients enrolled, 10/98:	457
Number using ADAP each month:	253
Percent of clients on protease inhibitors:	45%
Percent of active clients below 200% FPL:	88%

Client Profile, FY 1996

Men:	90%
Women:	10%
<13 years old:	0%
13-19 years old:	0%
20+ years old:	100%
•	
White:	50%
African American:	5%
Hispanic:	40%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	5%

Title III: New Mexico

Title III provides funding to public and private nonprofit entities for outpatient early intervention and primary care services. From FY 1991 to FY 1998, \$445.8 million was appropriated for Title III programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Number of Programs Funded in State	1	1	1	
Total Title III funding in State	\$381,124	\$477,553	\$499,778	\$1,358,455

Clients Served in FY 1996 by Title III Grantees in State (Based on programmatic information from 1 grantee(s) in state)

- ► Total number of people provided primary health care services by State's Title III-funded programs: 513
- Number of new HIV-infected patients enrolled in State's Title III-funded early intervention programs in the past year: 310
- ▶ New clients (adults only) in State's Title III-funded early intervention programs presenting with CD4:
 - under 200: 44%
 - from 200 to 499: 33%
 - ▶ above 500: 24%

Accomplishments

513
91%
9%
0%
0%
100%

White:	54%	
African American:	4%	
Hispanic:	38%	
Asian/Pacific Islander:	0%	
Native American/Alaskan Native:	4%	
Men who have sex with men (MSM):	68%	
Injecting drug user (IDU):	4%	
Men who have sex with men and inject		
drugs (MSM/IDU):	5%	
Hemophilia/coagulation disorder:	0%	
Heterosexual contact:	7%	
Receipt of blood transfusion, blood		
components, or tissue:	2%	
Other, unknown or not reported:	13%	

▶ Improved Patient Access

- Clients from 27 of the 33 counties in New Mexico received their HIV care through the University of New Mexico's early intervention program. The grantee served a total of 710 clients in 1997, representing a 42% increase over the 1996 estimates.
- In 1997, almost 90 clients participated in clinical trials.
- The grantee has established referral relationships with specialty providers across New Mexico. Any client in need of specialty care, such as pulmonology or gastroenterology, is able to receive services within their own community or less than 50 miles away.

Cost Savings

• The University of New Mexico collaborates with other CARE Act-supported programs and maximizes reimbursement through private insurance, Medicaid, Medicare, and other third party sources.

Title III Grantees, FY 1998

Grantee Name	Location	Service Area	Type of Organization
University of New Mexico - University Hospital	Albuquerque	Statewide	Hospital/University- based Medical Center

AIDS Education and Training Centers: New Mexico

The AETCs are a network of 15 regional education centers (75 local performance sites covering all 50 states, Washington, D.C., Puerto Rico, and the Virgin Islands) funded by the CARE Act to train clinical health care providers, provide consultation and technical assistance and disseminate rapidly changing information for the effective management of HIV infection. Targeted providers are CARE Act-funded programs, federally funded community migrant health centers, and clinicians serving persons living with HIV infection. From FY 1991 to FY 1998, \$171 million was appropriated for AETC programs in the U.S.

- ▶ Mountain Plains Regional AETC
- ▶ States Served: Colorado, Kansas, Nebraska, New Mexico, North Dakota, South Dakota, Utah and Wyoming
- Primary Grantee: University of Colorado, Denver, CO
- ▶ Subcontractors in State: Univ. of New Mexico, School of Medicine Albuquerque

Funding History

Year	1996	1997	1998	Total
Total AETC Funding for State	\$78,429	\$58,428	\$78,527	\$215,384

Training Highlights from FY 1997

- The AETC conducted the following training: HIV Prevention, Early Intervention and Health Promotion for Rural Health Care Providers; Prevention of Perinatal Transmission of HIV; HIV/AIDS: Providing Care in the Age of HAART; Antiretroviral Resistance: Implications for Long Term Strategies; Managing Occupational Exposure to HIV in the Healthcare Setting; Pain Management in HIV Disease; and HIV in Prison Populations.
- The Colorado performance site co-sponsors the annual, two-day Rocky Mountain Regional Conference on HIV Disease and a one-day Prevention Institute (held in conjunction with the regional conference). The conference reaches between 500-700 providers and consumers.
- The AETC offers three medically focused and one dental-focused three-day clinical training programs in Denver. The programs attract providers from the entire eight-state region.
- Over 2,000 copies of an on-line and printed self-instruction module, "HIV Prevention, Early Intervention and Health Promotion: A Self-Study Module for Rural Health Care Providers" have been distributed. The AETC reports that providers have been completing the on-line module. CEUs and CMEs are offered.

- The AETC produced "HIV: A Sourcebook for the Primary Care Provider." The sourcebook has a core section and then is individualized to include resource information for each of the eight states served by the AETC.
- "AIDS Newslink," the Mountain Plains AETC newsletter, is sent to over 10,000 providers in the region three time a year. Past issues have addressed women's issues and adherence.